

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_

## 2009 ODP Tournament Participation & Payment Form

Please complete the following information

I was selected to participate in the ODP Tournament:

\_\_\_\_\_ I will participate in the ODP Tournament  
Enclosed is my fee of \$45.00  
Hotels and reservation instructions can be found on  
www.cjsa.org

\_\_\_\_\_ I am unable to participate in the ODP Tournament

*CJSA must receive this completed form by 3:00pm, May 4th. If we do not hear from you by this date and we are unable to replace you on the roster you will be responsible for the \$45.00 payment.*

\_\_\_\_\_  
Player name Printed

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Team Age \_\_\_\_\_

Please complete this form and return with your payment by May 4th to;  
CJSA ODP Tournament  
11 Executive Drive  
Farmington, CT 06032.

To be completed by Staff  
Paid Check # \_\_\_\_\_

Odp/09tournament/payment&part.form